

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | |
|---|---|--|
| TRANSMITTAL LETTER TO THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US) CONCERNING A SUBMISSION UNDER 35 U.S.C. 371 | | ATTORNEY'S DOCKET NUMBER 13317-00001-US |
| <small>U.S. APPLICATION NO. (If known, see 37 CFR 1.5)</small> 107529825 | | |
| INTERNATIONAL APPLICATION NO. PCT/GB03/04176 | INTERNATIONAL FILING DATE 25 September 2003 | PRIORITY DATE CLAIMED 2 October 2002 |
| TITLE OF INVENTION MICROBICIDAL COMPOSITIONS AND THEIR USE | | |
| APPLICANT(S) FOR DO/EO/US David W. Ashworth et al. | | |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information: | | |
| 1. <input checked="" type="checkbox"/> This is a FIRST submission of items concerning a submission under 35 U.S.C. 371. | | |
| 2. <input type="checkbox"/> This is a SECOND or SUBSEQUENT submission of items concerning a submission under 35 U.S.C. 371. | | |
| 3. <input type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371 (f)). The submission must include items (5), (6), (9) and (21) indicated below. | | |
| 4. <input type="checkbox"/> The US has been elected (Article 31). | | |
| 5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371 (c)(2)) | | |
| a. <input checked="" type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau). | | |
| b. <input type="checkbox"/> has been communicated by the International Bureau. | | |
| c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US). | | |
| 6. <input type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371 (c)(2)) | | |
| a. <input type="checkbox"/> is attached hereto. | | |
| b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4). | | |
| 7. <input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371 (c)(3)) | | |
| a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau). | | |
| b. <input type="checkbox"/> have been communicated by the International Bureau. | | |
| c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired. | | |
| d. <input checked="" type="checkbox"/> have not been made and will not be made. | | |
| 8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371 (c)(3)). | | |
| 9. <input type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371 (c)(4)). | | |
| 10. <input type="checkbox"/> An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371 (c)(5)). | | |
| Items 11 to 20 below concern document(s) or information included: | | |
| 11. <input type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98. | | |
| 12. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included. | | |
| 13. <input checked="" type="checkbox"/> A preliminary amendment. | | |
| 14. <input checked="" type="checkbox"/> An Application Data Sheet under 37 CFR 1.76. | | |
| 15. <input type="checkbox"/> A substitute specification. | | |
| 16. <input type="checkbox"/> A power of attorney and/or change of address letter. | | |
| 17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821 - 1.825. | | |
| 18. <input type="checkbox"/> A second copy of the published International Application under 35 U.S.C. 154(d)(4). | | |
| 19. <input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4). | | |
| 20. <input checked="" type="checkbox"/> Other items or information: Return Receipt Postcard Form PCT/IB/301 Form PCT/IB/308 Form PCT/RO/105 Form PCT/IB/304 | | |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | | | | | |
|--|--------------|---|--------------------------|------------------------|--------------|---------|--|
| U. S. APPLICATION NO. (If known) (37 CFR 1.4) | | INTERNATIONAL APPLICATION NO. | ATTORNEY'S DOCKET NUMBER | | | | |
| 107529825 | | PCT/EP03/04176 | 13317-00001-US | | | | |
| The following fees have been submitted | | | | CALCULATIONS | | | |
| 21. <input checked="" type="checkbox"/> Basic national fee \$300 | | | | \$ 300.00 | | | |
| 22. <input checked="" type="checkbox"/> Examination fee If International preliminary examination report prepared by USPTO and all claims satisfy provisions of PCT Article 33(1)-(4) \$100 All other situations \$200 | | | | | | | |
| 23. <input checked="" type="checkbox"/> Search fee Search fee (37 CFR 1.445(a)(2)) has been paid on the international application to the USPTO as an International Searching Authority \$100 International Search Report prepared and provided to the Office \$400 All other situations \$500 | | | | \$ 200.00 | | | |
| TOTAL OF 21, 22 and 23 = | | | | \$ 1,000.00 | | | |
| <input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof. | | | | | | | |
| Total Sheets | Extra sheets | Number of each additional 50 or fraction thereof (round up to a whole number) | RATE | | | | |
| 19 - 100 = | /50 = | | x \$250.00 | | | | |
| Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492 (e)). | | | | \$ | | | |
| CLAIMS | | | | NUMBER FILED | NUMBER EXTRA | RATE | |
| Total claims | | | | 14 - 20 = | x | \$ 0.00 | |
| Independent claims | | | | 3 - 3 = | x | \$ 0.00 | |
| MULTIPLE DEPENDENT CLAIM(s) (if applicable) | | | | + | \$ | | |
| TOTAL OF ABOVE CALCULATIONS = | | | | \$ 1,000.00 | | | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Fees above are reduced by ½. | | | | \$ | | | |
| SUBTOTAL = | | | | \$ 1,000.00 | | | |
| Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492 (f)). | | | | + | \$ | | |
| TOTAL NATIONAL FEE = | | | | \$ 1,000.00 | | | |
| Fee for recording the enclosed assignment (37 CFR 1.21 (h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property | | | | + | \$ | | |
| TOTAL FEES ENCLOSED = | | | | \$ 1,000.00 | | | |
| | | | | Amount to be refunded: | \$ | | |
| | | | | Amount to be charged: | \$ | | |
| a. <input type="checkbox"/> A check in the amount of \$ _____ to cover the above fees is enclosed. | | | | | | | |
| b. <input checked="" type="checkbox"/> Please charge my Deposit Account No. 03-2775 in the amount of \$ 1,000.00 to cover the above fees. A duplicate copy of this sheet is enclosed. | | | | | | | |
| c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 03-2775. A duplicate copy of this sheet is enclosed. | | | | | | | |
| d. <input type="checkbox"/> Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | | | |
| NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137 (a) or (b)) must be filed and granted to restore the International Application to pending status. | | | | | | | |
| SEND ALL CORRESPONDENCE TO: <u>Christine M. Hansen</u> | | | | | | | |
| SIGNATURE: Christine M. Hansen | | | | | | | |
| NAME _____ | | | | | | | |
| CUSTOMER NUMBER: 23416 | | | | 40,634 | | | |
| | | | | REGISTRATION NUMBER | | | |

10/529825
JC17 Rec'd PCT/PTO 31 MAR 2005

Application No. (if known): Not Yet Assigned

Attorney Docket No.: 13317-00001-US

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EV 473535360 US in an envelope addressed to:

MS PCT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on 31 March 2005
Date



Signature

Jean M. Marshall

Typed or printed name of person signing Certificate

Registration Number, if applicable

(302) 658-9141
Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Transmittal Letter to the United States Designated-Elected Office (2 pages)
Copy of the International application with search report
Form PCT/RO/105
Form PCT/IB/301
Form PCT/IB/304
Form PCT/IB/308
Application Data Sheet (5 pages)
Preliminary Amendment
Fee Transmittal for FY 2005
Charge \$1,000.00 to deposit account 03-2775

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\$)** **1,000.00**

Complete if Known

| | |
|----------------------|-----------------------|
| Application Number | Not Yet Assigned |
| Filing Date | Concurrently Herewith |
| First Named Inventor | David W. Ashworth |
| Examiner Name | Not Yet Assigned |
| Art Unit | N/A |
| Attorney Docket No. | 13317-00001-US |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 03-2775 Deposit Account Name: Connolly Bove Lodge & Hutz LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| <u>Application Type</u> | <u>FILING FEES</u> | | <u>SEARCH FEES</u> | | <u>EXAMINATION FEES</u> | | <u>Fees Paid (\$)</u> |
|-------------------------|--------------------|---------------------|--------------------|---------------------|-------------------------|---------------------|-----------------------|
| | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Small Entity</u> | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

| | |
|-----------------|---------------------|
| <u>Fee (\$)</u> | <u>Small Entity</u> |
| 50 | 25 |

Each independent claim over 3 (including Reissues)

| | |
|-----|-----|
| 200 | 100 |
|-----|-----|

Multiple dependent claims

| | |
|-----|-----|
| 360 | 180 |
|-----|-----|

| | | | | |
|---------------------|---------------------|-----------------|----------------------|----------------------------------|
| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> |
| 14 | - 20 = | x | = | |

| | |
|-----------------|----------------------|
| <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|-----------------|----------------------|

| | | | |
|----------------------|---------------------|-----------------|----------------------|
| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| 3 | - 3 = | x | = |

| | |
|--|--|
| | |
|--|--|

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| | | | | |
|---------------------|---------------------|---|-----------------|----------------------|
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| | - 100 = | /50 (round up to a whole number) x | = | |

| |
|-----------------------|
| <u>Fees Paid (\$)</u> |
|-----------------------|

4. OTHER FEE(S)

| | |
|--|--------|
| Other (e.g., late filing surcharge): 1631 Basic National Stage fee | 300.00 |
| 1632 National Stage Search Fee - all other situations | 500.00 |
| 1633 National Stage Examination Fee - all other ... | 200.00 |

| <u>SUBMITTED BY</u> | | | | |
|---------------------|----------------------------|--------------------------------------|--------|--------------------------|
| Signature | <u>Christine M. Hansen</u> | Registration No. (Attorney/Agent) | 40,634 | Telephone (302) 658-9141 |
| Name (Print/Type) | Christine M. Hansen | | Date | March 31, 2005 |